

## **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2019 OF THE CONDITION AND AFFAIRS OF THE Harmony Health Plan. Inc.

		Н	armony Healt		1C.		
			(Name	<del>!</del> )			
NAIC Group Code	01199 Current Period)	,01199(Prior Period)	NAIC Company	Code	11229	Employer's ID Number _	36-4050495
Organized under the Laws	s of	Illinois		, State of	Domicile or	Port of Entry	Illinois
Country of Domicile _				United S	tates		
Licensed as business type	Life, 7 toolae	nt & Health [ ]		e Corporati		ospital, Medical & Dental Se ealth Maintenance Organiza ] No [ X ]	,
Incorporated/Organized		08/18/1995	Co	mmenced E	Business _	07/01/19	996
Statutory Home Office		300 S. Riverside (Street and Nu		,		Chicago, IL, US 60 (City or Town, State, Country an	
Main Administrative Office	e			8735 He	enderson Ro	ad	
-	Гатра, FL, US	33634		(Stree	t and Number)	813-206-6200	
	Town, State, Countr				(A	rea Code) (Telephone Number)	
Mail Address	(Street	P.O. Box 31391 et and Number or P.O. Box)		,	(1	Tampa, FL, US 33631-339 City or Town, State, Country and Zip	
Primary Location of Books		et and Number of F.O. Box)			•	erson Road	code)
_					(Street an	d Number)	
	Tampa, FL, US Town, State, Countr				(Area Co	813-206-6200 ode) (Telephone Number) (Extension	1)
Internet Web Site Address	3			www.wel	lcare.com		
Statutory Statement Conta	act	Michael Wa	ısik			813-206-2725	
mich	nael.wasik@we	(Name)				(Area Code) (Telephone Number) (I 813-675-2899	Extension)
IIIICI	(E-Mail Addres					(Fax Number)	
Name		Title	OFFICE	=RS	Name		Title
Name		riue			Name	Assistan	t Treasurer, VP and
Richard Charles Fisl	her #,	Interim President	and CFO	Mic	hael Troy M	eyer , Corp	orate Controller Secretary and Vice
Michael Warren Ha	aber,	Secretary and Vice	President	Tar	nmy Lynn M		President President
			OTHER OF	FICERS	3		
Goran Jankovid	;,	Treasurer and Vice	President				
Michael Troy Mey	/er	<b>DIRE</b> Paul Hubert F	ECTORS OR		TEES drew Lynn As	sher Patri	ck Albert Burke
Olumide Adetokunbo	ldowu						
State of	Florida	ss					
County of	Hillsborough						
above, all of the herein describtat this statement, together liabilities and of the condition and have been completed in may differ; or, (2) that state rknowledge and belief, respec	ribed assets were with related exh and affairs of the accordance with rules or regulation cively. Furthermoact copy (except	the absolute property of ibits, schedules and expensed as aid reporting entity as the NAIC Annual Statem as require differences in the scope of this atter for formatting difference	f the said reporting elanations therein co of the reporting perient Instructions and a reporting not related estation by the description	entity, free ar ntained, anno iod stated ab Accounting P to accountin ibed officers	nd clear from a exed or referr ove, and of its Practices and F ig practices ar also includes	d reporting entity, and that on the reporting entity, and that on the reporting in the reporting the reporting the reporting to the related corresponding electment. The electronic filing may	ept as herein stated, and ent of all the assets and om for the period ended, e extent that: (1) state law best of their information, ronic filing with the NAIC,
	arles Fisher		Michael Tro		- 0- 1 "	Michael War	
Interim Presi	dent and CFO	Assistan	t Treasurer, VP an	a Corporate	e Controller	Secretary and V	ice President
Subscribed and sworn to	hofore me this	<b>、</b>			a. Is this b. If no:	s an original filing?	Yes [ X ] No [ ]
day o		,				te the amendment number	
						te filed	

### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	(2,341)					(2,341)
Group subscribers:						1
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						·····
						·
						ļ
						·
			·····			ł
						·····
0299997 Group subscriber subtotal	Λ	Λ	n 1	n	n	1
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	0	0	0	0
0299999 Total group	4,892,592	3, 193, 524	3,225,577	27,278,021		
0499999 Premiums due and unpaid from Medicaid entities	2,903			575,826		578,729
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	4,893,154	3,193,524	3,225,577	27,853,847	0	39,166,102

### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7					
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
O199998 - Aggregate of amounts not individually listed above. O199999 - Pharmaceutical Rebate Receivables	19,864,841	i	2,590,707	5,103		22,455,548					
0199999 - Pharmaceutical Rebate Receivables	19,864,841	0	2,590,707	5,103	5,103	22,455,548					
0299998 - Aggregate of amounts not individually listed above.	115,888	116,056	116,050	1,629,423	1,629,423	347,994					
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	115,888	116,056	116,050	1,629,423	1,629,423	347,994					
Out the Order of the Control of the	110,000	1.10,000	110,000	1,020,120	1,020,120	011,001					
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	<u> </u>					<u></u>					
0799999 Gross Health Care Receivables	19,980,729	116,056	2,706,757	1,634,526	1,634,526	22,803,542					

#### EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	28,430,548	66,254,882		22,460,651	28,430,548	25,751,130
Claim overpayment receivables	622,839		369,641	1,607,776	992,480	992,480
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	29,053,387	66,254,882	369,641	24,068,427	29,423,028	26,743,610

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid C	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						• • • • • • • • • • • • • • • • • • • •
0199999 Individually listed claims unpaid		0	0	0	0	J0
0299999 Aggregate accounts not individually listed-uncovered	0.474.740					LU
0399999 Aggregate accounts not individually listed-covered	6,474,746	1,412,081	822,226	586,490	55,896,884	65,192,427
0499999 Subtotals	6,474,746	1,412,081	822,226	586,490	55,896,884	65,192,427
0599999 Unreported claims and other claim reserves						74,146,945
0699999 Total amounts withheld						400 000 070
0799999 Total claims unpaid						139,339,372
0899999 Accrued medical incentive pool and bonus amounts						27,378,145

#### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

	1 0					Admitted		
1	2	3	4	5	6	Adm	ttea	
						7	8	
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current	
Comprehensive Health Management, Inc.	104,045	•	1	1		103,553		
	, , , , , , , , , , , , , , , , , , , ,							
			1					
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		<b>.</b>	ļ	ļ	ļ			
			<u> </u>		<u> </u>			
0199999 Individually listed receivables	104 ,045	L0	l0	<b>l</b> 0	<b>L</b> 0	103,553	0	
0199999 Individually listed receivables	1				492	1		
0399999 Total gross amounts receivable	104,045	n	0	0	492	103,553	0	
10333333 TOTAL ALONG ALLIONING LEGELANIE	104,043	l U	1	U	432	100,000	U	

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	/ <b>/</b> /   \			
0199999 Individually listed payables		0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

EATIBITY TAKET	JOHNNAKT OF THE	2		1		6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:	1 dyment	rotarr dyments	Govered	Total Wellberg	7 tilliated 1 Tovide13	14011741111atea 1 Tovide13
1. Medical groups		6.7	80.453	100 0		56, 824, 302
2. Intermediaries	0	0.0	, , , , , , , , , , , , , , , , , , , ,	0.0		, , , , , , , , , , , , , , , , , , , ,
3. All other providers	0	0.0		0.0		
Total capitation payments		6.7	80,453	100.0	0	56 , 824 , 302
Other Payments:						
5. Fee-for-service		0.0	XXX	XXX		
Contractual fee payments	758,668,995		XXX	XXX		758,668,995
Bonus/withhold arrangements - fee-for-service		0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments		4.0	xxx	XXX		33,814,150
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		
12. Total other payments	792,483,145	93.3	XXX	XXX	0	792,483,145
13. Total (Line 4 plus Line 12)	849,307,447	100 %	XXX	XXX	0	849,307,447

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT I - PART 2 - SUMMART OF TRANSACTIONS	4411111141	MILDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
9999999 Totals			XXX	XXX	xxx

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies			<u> </u>			
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE O	OF Alabama			DURING THE YEAR		1			AIC Company Code	11229
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									-
2 First Quarter	0									-
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,216									4,21
13. Life Premiums Direct	0								-	
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,216									4 , 21
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(60,259)									(60,25
18. Amount Incurred for Provision of Health Care Services	(88,787)									(88,78

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_\_0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF			DURING THE YEAR 2019						IC Company Code	11229
	1	Compre (Hospital 8		4  Medicare Supplement	5 Vision Only	6	7	8	9	10
	Total	2 Individual	3 Group			Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15,908							15,908		
2 First Quarter	17,205							17,205		
3 Second Quarter	17 ,447							17 , 447		
4. Third Quarter	17,589							17,589		
5. Current Year	17,387							17,387		
6 Current Year Member Months	208,548							208,548		
Total Member Ambulatory Encounters for Year:										
7. Physician	234 , 151							234,151		
8. Non-Physician	111,519							111,519		
9. Total	345,670	0	0	0	0	0	0	345,670	0	
10. Hospital Patient Days Incurred	49,267							49,267		
11. Number of Inpatient Admissions	8,382							8,382		
12. Health Premiums Written (b)	212,359,187							212,358,874		31
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	212,359,187							212,358,874		31
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	161 , 153 , 062							161,346,067		(193,00
18. Amount Incurred for Provision of Health Care Services	162,575,910							162,860,284		(284,37

<sup>.....0</sup> and number of persons insured under indemnity only products ....... (a) For health business: number of persons insured under PPO managed care products ....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .............212,359,187



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. (LOCATION) BUSINESS IN THE STATE OF Idaho **DURING THE YEAR 2019** NAIC Company Code 11229 NAIC Group Code 01199 Comprehensive (Hospital & Medical) Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF				DURING THE YEAR					C Company Code	11229
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	239,340							17,231	222,109	
2 First Quarter	16,946							16,946		
3 Second Quarter	17,141							17,141		
4. Third Quarter	17,528							17,528		
5. Current Year	17,433							17,433		
6 Current Year Member Months	206,926							206,926		
Total Member Ambulatory Encounters for Year:										
7. Physician	140,371							140,371		
8. Non-Physician	58,727							58,727		
9. Total	199,098	0	0	0	0	0	0	199,098	0	
10. Hospital Patient Days Incurred	32,745							32,745		
11. Number of Inpatient Admissions	4,905							4,905		
12. Health Premiums Written (b)	234,090,371							229 , 482 , 421	4,607,950	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written				ļ						
15. Health Premiums Earned	234,090,371							229 , 482 , 421	4,607,950	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	257 , 186 , 036							173,916,966	83,269,070	
18. Amount Incurred for Provision of Health Care Services	120,389,082							175,549,160	(55,160,078)	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......229,482,421



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. (LOCATION) BUSINESS IN THE STATE OF Indiana **DURING THE YEAR 2019** NAIC Company Code 11229 NAIC Group Code 01199 Comprehensive (Hospital & Medical) Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business, number of persons insured under PPO managed care products	(a) For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF				DURING THE YEAR		1	1		C Company Code	11229
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	29,641							29,641		
2 First Quarter	28,106							28,106		
3 Second Quarter	28,001							28,001		
4. Third Quarter	27 ,840							27 ,840		
5. Current Year	27,571							27 , 571		
6 Current Year Member Months	335,688							335,688		
Total Member Ambulatory Encounters for Year:										
7. Physician	343,547							343,547		
8. Non-Physician	178,667							178,667		
9. Total	522,214	0	0	0	0	0	0	522,214	0	
10. Hospital Patient Days Incurred	63,728							63,728		
11. Number of Inpatient Admissions	10,320							10,320		
12. Health Premiums Written (b)	330 , 389 , 619							330 , 387 , 757		1,86
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	330,389,619							330 , 387 , 757		1 ,86
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	254 ,046 ,683							254,050,718		(4,03
18. Amount Incurred for Provision of Health Care Services	256,429,014							256,434,959		(5,94

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_\_\_0

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .............330,389,619



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Missouri			DURING THE YEAR	2019			NA NA	AIC Company Code	11229
	1	Compre (Hospital a	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									<b> </b>
2 First Quarter	0									<b> </b>
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician										<b> </b>
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	161									1
13. Life Premiums Direct	0									<b> </b>
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	161									1
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(19,992)									(19,99
18. Amount Incurred for Provision of Health Care Services	(29,457)									(29,45

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_\_0

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.......161



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. (LOCATION) BUSINESS IN THE STATE OF Montana **DURING THE YEAR 2019** NAIC Company Code 11229 NAIC Group Code 01199 Comprehensive (Hospital & Medical) Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned 17. Amount Paid for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	0	and number of persons insured under indemnity only	products

18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. (LOCATION) BUSINESS IN THE STATE OF Oklahoma **DURING THE YEAR 2019** NAIC Company Code 11229 NAIC Group Code 01199 Comprehensive (Hospital & Medical) Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned 17. Amount Paid for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	0	and number of persons insured under indemnity on	ly products

18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF				DURING THE YEAR		1	1		IC Company Code	11229
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	12,478							12,478		
2 First Quarter	9,400							9,400		
3 Second Quarter	9,251							9,251		
4. Third Quarter	9,131							9,131		
5. Current Year	9,013							9,013		
6 Current Year Member Months	110,885							110,885		
Total Member Ambulatory Encounters for Year:										
7. Physician	135,473							135,473		
8. Non-Physician	49,208							49,208		
9. Total	184,681	0	0	0	0	0	0	184,681	0	
10. Hospital Patient Days Incurred	25,747							25,747		
11. Number of Inpatient Admissions	3,880							3,880		
12. Health Premiums Written (b)	109,617,233							109,616,807		42
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written				ļ						
15. Health Premiums Earned	109,617,233							109,616,807		42
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	83,924,206							83,932,900		(8,69
18. Amount Incurred for Provision of Health Care Services	84,707,792							84,720,602		(12,81

<sup>.....0</sup> and number of persons insured under indemnity only products ....... (a) For health business: number of persons insured under PPO managed care products ....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..................109,617,234



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc.

NAIG O O	<b>- -</b>			DUDING THE VEAS	0040			(LOCATION)	10.0	44000
IAIC Group Code 01199 BUSINESS IN THE STATE OF	- Tennessee	0	h = = = i =	DURING THE YEAR			7		IC Company Code	11229
	1	Compre (Hospital 8		4	5	6	/	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	11,409							11,409		
2 First Quarter	10,096							10,096		
3 Second Quarter	9,681							9,681		
4. Third Quarter	9,285							9,285		
5. Current Year	9,049							9,049		
6 Current Year Member Months	115,722							115,722		
Total Member Ambulatory Encounters for Year:										
7. Physician	120,215							120,215		
8. Non-Physician	65,666							65,666		
9. Total	185,881	0	0	0	0	0	0	185,881	0	1
10. Hospital Patient Days Incurred	33,612							33,612		
11. Number of Inpatient Admissions	4,724							4,724		
12. Health Premiums Written (b)	120,607,922							120,603,387		4,53
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	120,607,922							120 , 603 , 387		4,53
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	93,080,305							93,258,043		(177,73
18. Amount Incurred for Provision of Health Care Services	93,871,380							94,133,261		(261,88

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_\_

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......120,607,922



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STAT	E OF Virginia			DURING THE YEAR			T.		IC Company Code	11229
	1	Compre (Hospital a	hensive & Medical)	4	5	6	7	8	9	10
		2	3			I <sup>D</sup>				
							Federal Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	447									44
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	447									4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(2,594)									(2,59
18. Amount Incurred for Provision of Health Care Services	(3,822)									(3,82

<sup>..0</sup> and number of persons insured under indemnity only products . (a) For health business: number of persons insured under PPO managed care products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR 2			T		IC Company Code	11229
	1	Compreh (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	308,776	0	0	0	0	0	0	86,667	222,109	
2 First Quarter	81,753	0	0	0	0	0	0	81,753	0	
3 Second Quarter	81,521	0	0	0	0	0	0	81,521	0	
4. Third Quarter	81,373	0	0	0	0	0	0	81,373	0	
5. Current Year	80,453	0	0	0	0	0	0	80,453	0	
6 Current Year Member Months	977,769	0	0	0	0	0	0	977,769	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	973,757	0	0	0	0	0	0	973,757	0	
8. Non-Physician	463,787	0	0	0	0	0	0	463,787	0	
9. Total	1,437,544	0	0	0	0	0	0	1,437,544	0	
10. Hospital Patient Days Incurred	205,099	0	0	0	0	0	0	205,099	0	
11. Number of Inpatient Admissions	32,211	0	0	0	0	0	0	32,211	0	
12. Health Premiums Written (b)	1,007,069,156	0	0	0	0	0	0	1,002,449,246	4,607,950	11,96
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0		0	
15. Health Premiums Earned	1,007,069,156	0	0	0	0	0	0	1,002,449,246	4,607,950	11,96
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	849,307,447	0	0	0	0	0	0	766,504,694	83,269,070	(466,31
18. Amount Incurred for Provision of Health Care Services	717,851,112	0	0	0	0	0	0	773,698,266	(55,160,078)	(687,07

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_0

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$...........1,002,461,207

Schedule S - Part 1 - Section 2

Schedule S - Part 2

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### **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year
--

			. Nei					ipany as of Decemb		0 (	01 - D-11		
1	2	3	4	5	_ 6	7	8	9	10		Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company		Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Ac	count - Authorized	I - Non-Affiliate	s – U.S. Non-Affiliates		001.11								
11835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/I	MR	39,099						
			on-Affiliates - U.S. Non-Affiliates				39,099	0	0	0	0	0	0
			on-Affiliates - Total Authorized Non-Affiliates				39,099	0	0	0	0		0
			otal General Account Authorized				39,099	0	0	0	0	0	0
			Account Authorized, Unauthorized and Certified				39,099	0	0	0	0	0	0
6999999	- Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	6499999)	39,099	0	0	0	0	0	0
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9999999	ı ı utais						39,099	0	0	0	0	0	1 0

Schedule S - Part 4

Schedule S - Part 5

# SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000	Omitted)	3	4	5
	2019	2018	2017	2016	2015
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	39	51	45	43	11
3. Title XIX-Medicaid	0	131	86	120	501
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	9
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)			0	0	0
21. Other (O)	0		0	0	0

### **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	277 , 248 , 739		277 , 248 , 739
2.	Accident and health premiums due and unpaid (Line 15)	41,852,378		41,852,378
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	42,146,169		42,146,169
6.	Total assets (Line 28)	361,247,286	0	361,247,286
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	139,339,372	0	139,339,372
8.	Accrued medical incentive pool and bonus payments (Line 2)	27 , 378 , 145		27 , 378 , 145
9.	Premiums received in advance (Line 8)	48,420		48 , 420
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11	Reinsurance in unauthorized companies (Line 20 minus inset amount)			_
12.				
13.				
14.				67,453,059
	Total liabilities (Line 24)		0	
16.			XXX	127,028,290
	Total liabilities, capital and surplus (Line 34)	361,247,286	0	361,247,286
	NET CREDIT FOR CEDED REINSURANCE	, ,	-	, , ,
18.	Claims unpaid.	0		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

	L				siness Only	5		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals	
1. Alabama			-					
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	co							
7. Connecticut	CT							
8. Delaware								
9. District of Columbia	DC							
10. Florida								
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	JN							
16. lowa	JA							
17. Kansas								
18. Kentucky	l'							
19. Louisiana	LA							
20. Maine								
21. Maryland								
22. Massachusetts								
23. Michigan								
•	MN							
24. Minnesota			1					
25. Mississippi			/~\\\\	·				
26. Missouri		······						
27. Montana			- <del></del>					
28. Nebraska			\ <b>\</b> \ <b>J</b> ++-\	<b>-</b>				
29. Nevada								
30. New Hampshire			-					
31. New Jersey								
32. New Mexico								
33. New York								
34. North Carolina								
35. North Dakota	ND							
36. Ohio	HO							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania								
40. Rhode Island	RI				.			
41. South Carolina								
42. South Dakota								
43. Tennessee	TN							
44. Texas	TX							
45. Utah								
46. Vermont	VT							
47. Virginia								
48. Washington								
49. West Virginia								
50. Wisconsin								
51. Wyoming			1					
					-			
52. American Samoa					1			
53. Guam								
54. Puerto Rico								
55. US Virgin Islands					-			
56. Northern Mariana Islands			1					
57. Canada			!					
58. Aggregate Other Alien	OT I						1	

### 4

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company		Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) WellCare Health	(Y/N)	
01199	WellCare Health Plans Inc.	95310	06 - 1405640				WellCare of Connecticut Inc	СТ	I A	WellCare of New York, Inc	Ownership.	100 0	Plans, Inc.	N	0
01100	liorroard floarth franc floar	00010	1 1000 10				morroure or connectical inc			The WellCare Management	0 111 p		WellCare Health		
01199	WellCare Health Plans Inc	95081	59-2583622				WellCare of Florida Inc	FL	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
							Comprehensive Health Management			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	59-3547616				Inc.	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
01199		00000	14-1647239				The WellCare Management Group,	NY	UIP	WCG Health Management, Inc	Ownership	100.0	WellCare Health Plans, Inc	N	0
01199	Wellcale Health Flans Hic	. 00000	14-104/239	-						The WellCare Management	Owner Sirrp	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc.	95534	14 - 1676443				WellCare of New York Inc.	NY	IA	Group. Inc.	Ownership	100.0	Plans, Inc.	N	0
										The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	. 00000	20-3320236				Harmony Behavioral Health Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Hashth Dlags Inc	11000	36-4050495				Harmany Haalah Dian Jan	1 11	I IA	Harmany Haalth Cyatama Inc	O	100.0	WellCare Health		0
01199	WellCare Health Plans Inc	11229	30-4000490				Harmony Health Plan Inc	IL		Harmony Health Systems, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	22-3391045				Harmony Health Systems Inc	I IL	UDP	Group, Inc.	Ownership	100 0	Plans, Inc.	N	0
0.100													WellCare Health		
01199	WellCare Health Plans Inc	. 00000	36-4467676				Harmony Health Management Inc	IL	NIA	Harmony Health Systems, Inc	Ownership		Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	47 - 0937650		0001279363	NYSE	WellCare Health Plans Inc	FL	IJIP	Shareholders		0.0		N	0
01199		00000	04-3669698				.WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc.	N.	0
01199	Wellcare nearth Flans Inc	. 00000	04-3009090	-			. woo nearth management inc	Γ∟		The WellCare Management	Ownersiiip	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc.	10760	20-2103320				WellCare of Georgia Inc.	GA	IIA	Group. Inc.	Ownership	100.0	Plans. Inc.	N	0
							ľ			The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd	CYM	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Hashth Dlags Inc	10155	00 0000404				WellCare Prescription Insurance	FL		The WellCare Management	O	100.0	WellCare Health		0
01199	WellCare Health Plans Inc	10155	20-2383134	-			Inc	FL	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	12749	20-3562146				WellCare of Ohio Inc.	OH	IA	Group, Inc.	Ownership	100 0	Plans, Inc.	N	0
01100							Harmony Behavioral Health IPA			Harmony Behavioral Health,	-   -   -   -   -   -   -   -   -   -		WellCare Health		
01199	WellCare Health Plans Inc	. 00000	20-3262322				Inc.	NY	N I A	Inc	Ownership	100.0	Plans, Inc	N	0
04400	Wall Care Harling Diagram	00000	00 4000074				WellCare Pharmacy Benefits	DE		The WellCare Management	O	400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	20-4869374		-		Management In WellCare Health Insurance of	DE	NIA	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199	WellCare Health Plans Inc	83445	86-0269558				Arizona Inc	AZ	I A	Group, Inc	Ownership	100 0	Plans. Inc	N	0
01100	The real of riodi til 1 rano 1110						WellCare Health Insurance			The WellCare Management	σ		WellCare Health		
01199	WellCare Health Plans Inc	64467	36-6069295				Company of Kentucky Inc	KY	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N	0
							WellCare Health Insurance of		l	The WellCare Management		400 -	WellCare Health		
01199	WellCare Health Plans Inc	10884	11-3197523		-		New York Inc.	NY	A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc.	N	0
01199	   WellCare Health Plans Inc	13020	20-8017319				WellCare Health Plans of New Jersey Inc	NJ	I A	Group, Inc	Ownership	100.0	WellCare Health Plans. Inc	M	0
01199	nerioare nearth rians inc	13020	20-001/318		-		. Judi Sey 1116			The WellCare Management	Owner Sill   P	100.0	WellCare Health	]JN	
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	TX	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
							Exactus Pharmacy Solutions,			WellCare Pharmacy Benefits	·		WellCare Health		
01199	WellCare Health Plans Inc	00000	20-8420512				Inc.	DE	NIA	Management	Ownership	100.0	Plans, Inc	N	0
01100	WellCare Health Blane Las	00000	27 0206422				Obana Haalth Blana Ina	l	14	The WellCare Management	Ownorobin	100.0	WellCare Health	A.I	
01199	WellCare Health Plans Inc	00000	27 - 0386122				Ohana Health Plans, Inc	Н	I A	Group, Inc.	Ownership	1	Plans, Inc	]N	

_					0	-	1 0		10	1	10	1 40	1 44	1 45 1	40
1	2	3	4	5	6	/ Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
							WellCare Health Plans of			The WellCare Management			WellCare Health	ll	
01199	WellCare Health Plans Inc	00000	27 - 4293249				California, Inc.	CA	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Haalth Dlage Inc	14404	45-3617189				Wall Care of Vances line	KS	l IA	The WellCare Management	O	100.0	WellCare Health Plans. Inc.		0
01199	WellCare Health Plans Inc	14404	43-301/109				WellCare of Kansas, Inc WellCare Health Plans of	NO	I A	Group, IncThe WellCare Management	Ownership	100.0	WellCare Health	JJN	
01199	WellCare Health Plans Inc.	16533	45-5154364				Tennessee. Inc.	TN	I A	Group, Inc.	Ownership	100.0	Plans. Inc.	N	0
01133	"CTTOBLE HEALTH FIBRIS THE	10000	40-0104004				America's 1st Choice California			The WellCare Management	0 W 11 G 1 3 1 1 1 P	1100.0	WellCare Health		
01199	WellCare Health Plans Inc.	00000	45-3236788				Holdings, LLC	FL	NIA	Group. Inc.	Ownership.	100.0	Plans. Inc.	N.	0
										America's 1st Choice	· '		WellCare Health		
01199	WellCare Health Plans Inc	00000	20-5327501				WellCare of California, Inc	CA	I A	California Holdings, LLC	Ownership	100.0	Plans, Inc	N	0
		l					WellCare of South Carolina,			The WellCare Management			WellCare Health	ll	
01199	WellCare Health Plans Inc	11775	32-0062883				Inc	SC	A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
01199	WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated	MO	]IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans. Inc.	N	0
01199	Wellcare nearth Flans Inc	12913	20-3002001				The WellCare Community	JVI∪		Group, mc	Owner Sirrp	100.0	WellCare Health	JJN	
01199	WellCare Health Plans Inc.	00000	27 - 4212954				Foundation	DE	NIA	WellCare Health Plans, Inc	Ownership.	100 0	Plans. Inc.	N	0
01100	norrouro nourem rano mo		27 12 1200 1				- Canaac ron			The WellCare Management	0 1110 1 0111 p		WellCare Health		
01199	WellCare Health Plans Inc	00000	62 - 1832645				Windsor Health Group, Inc	TN	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
							WellCare Health Plans of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	15510	47 - 0971481				Kentucky, Inc	KY		Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	WallOan Haalda Diana Inc	45054	47 5450070				Wall Carry of National and Inc.	NE		The WellCare Management	Owner and his	400.0	WellCare Health	١.,	0
01199	WellCare Health Plans Inc	15951	47 - 5456872	-			WellCare of Nebraska, Inc	NE	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	81-1631920				WellCare of Pennsylvania. Inc.	PA	I A	Group, Inc.	Ownership.	100.0	Plans. Inc.	N	0
01100	"CTTOATC HOATTH FTANS THE	00000	01-1001020				l l l l l l l l l l l l l l l l l l l	7		The WellCare Management	Ownership	100.0	WellCare Health		
01199	WellCare Health Plans Inc	16117	81-3299281				WellCare of Oklahoma. Inc	0K	IA	Group. Inc	Ownership	100.0	Plans. Inc	N	0
							One Care by Care 1st Health			The WellCare Management	İ '		WellCare Health		
01199	WellCare Health Plans Inc	00000	06 - 1742685				Plan of Arizona, Inc	AZ		Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	W 110	00000	57 4405047				Care 1st Health Plan Arizona,			The WellCare Management		400.0	WellCare Health	۱., ا	0
01199	WellCare Health Plans Inc	00000	57 - 1165217	-			Inc	AZ	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
01199	WellCare Health Plans Inc.	00000	46 - 2680154				Care 1st Health Plan Administrative Services, Inc.	AZ	NIA	Care 1st Health Plan Arizona,	Ownership.	100.0	WellCare Health Plans, Inc.	N	ا ۱
01100	morroare mearth Flans IIIe	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						∧∠		The WellCare Management	οπιιστοιτιμ	100.0	WellCare Health	<sup>J</sup> \	
01199	WellCare Health Plans Inc.	16329	81-5442932	J			WellCare of Mississippi, Inc.	MS	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N N	0
							1, ,			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	82-0664467				WellCare of Virginia, Inc	VA		Group, Inc.	Ownership	100.0	Plans, Inc	NN	0
								l		The WellCare Management			WellCare Health	ll	
01199	WellCare Health Plans Inc	16239	82-1301128	-			WellCare of Alabama, Inc	AL	I A	Group, Inc.	Ownership	100.0	Plans, Inc	[N	0
01199	WellCare Health Plans Inc.	00000	82-1246845				Accountable Care Coalition of Arizona, LLC	A7	NIA	Collaborative Health Systems	Ownership	E1 0	WellCare Health Plans. Inc.	M	0
01133	METTORIC HEATTH FIRMS HIL	00000	UZ • 1Z4U04J				Accountable Care Coalition of		IN I W	Collaborative Health Systems	Owner 2111h		WellCare Health	JN	u
01199	WellCare Health Plans Inc	00000	45-5510251				Central Georgia, LLC	GA	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
							Accountable Care Coalition of			Collaborative Health Systems,	5 51 5111 p		WellCare Health		
01199	WellCare Health Plans Inc	00000	81-2588974				Chesapeake, LLC	MD	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
							Accountable Care Coalition of			Collaborative Health Systems			WellCare Health		İ
01199	WellCare Health Plans Inc	00000	82-1681146				Community Health Centers, LLC	TX	NIA	LLC.	Ownership	J51.0	Plans, Inc	JN	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
							Accountable Care Coalition of						W 110 11 111		
01199	WellCare Health Plans Inc.	00000	82-1669422				Community Health Centers II,	TX	NIA	Collaborative Health Systems	Ownership	100.0	WellCare Health Plans. Inc.	M	0
01199	Wellcare Health Flans Inc	00000	02-1009422				Accountable Care Coalition of	/ A	N I A	Collaborative Health Systems	. ownersirip	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc	00000	45-4537668				DeKalb. LLC	GA	NIA	LLC	Ownership	80.0	Plans. Inc	N	0
01100	norrouro nourem rano mo						Accountable Care Coalition of			Collaborative Health Systems	. o #1101 0111 p		WellCare Health		
01199	WellCare Health Plans Inc	00000	45-5481108				Georgia, LLC	GA	NIA	LLC	.Ownership	51.0	Plans, Inc	N	0
							Accountable Care Coalition of			Collaborative Health Systems	l		WellCare Health		
01199	WellCare Health Plans Inc	00000	82-1623920				Southeast Partners, LLC	GA	NIA	Callabarativa Haalth Contant	Ownership	100.0	Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	82-1558080				Accountable Care Coalition of Hawaii, LLC	Н	NIA	Collaborative Health Systems	Ownership	100.0	WellCare Health Plans. Inc	N	0
01199	Wellcare Hearth Flans IIIc	00000	02-1330000				Accountable Care Coalition of		N I A	Collaborative Health Systems	. Owner sirrp	100.0	WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	45-5449147				Maryland Primary Care, LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
							Accountable Care Coalition of			Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc	00000	45-4119739				Maryland, LLC	MD	NIA	LLC.	Ownership	51.0	Plans, Inc	N	0
04400	Wall Oars Haal Na Diana Isa	00000	40, 0004400				Accountable Care Coalition of		NII A	Collaborative Health Systems	O	F4 0	WellCare Health		
01199	WellCare Health Plans Inc	00000	46-2881180				Mississippi, LLCAccountable Care Coalition of	MS	NIA	Collaborative Health Systems	Ownership	51.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc	00000	45-4105836				Mount Kisco. LLC	NY	NIA	LLC	Ownership	51.0	Plans. Inc	N	0
01100	norrouro nourth rians mo	00000	40 4100000				Accountable Care Coalition of		1	Collaborative Health Systems	. O #1101 5111 p		WellCare Health		
01199	WellCare Health Plans Inc	00000	82-1263227				New Jersey, LLC.	NJ	NIA	LLC.	Ownership	51.0	Plans, Inc	N	0
							Accountable Care Coalition of		l	Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc	00000	45-4552802				North Texas, LLC	TX	NIA	LLC	Ownership	51.0	Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	00000	47 - 3894436				Accountable Care Coalition of Northeast Georgia, LLC	GA	NIA	Collaborative Health Systems,	Ownership	51.0	WellCare Health Plans, Inc	N	0
01133	"erroare nearth rians inc	00000	47 -3034430				Accountable Care Coalition of	U/\	NI/^	Collaborative Health Systems	. Owner strip		WellCare Health		
01199	WellCare Health Plans Inc	00000	45-4106526				Northwest Florida, LLC	FL	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
							Accountable Care Coalition of			Collaborative Health Systems	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	82-1604548				North West Region, LLC	OR	NIA	LLC	.Ownership	100.0	Plans, Inc	N	0
01199	WellCare Health Plans Inc.	00000	82-1698885				Accountable Care Coalition of North West Region II, LLC	0R	NIA	Collaborative Health Systems	Ownership	100.0	WellCare Health Plans. Inc.	N	0
01199	Wellcare Health Flans Inc	00000	02-1090000				Accountable Care Coalition of	UN	N I A	Collaborative Health Systems	. Ownership	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc.	00000	82-0727997				Northeast Partners. LLC	PA	NIA	LLC	Ownership.	100.0	Plans. Inc.	N	0
							Accountable Care Coalition of		1	Collaborative Health Systems,			WellCare Health		
01199	WellCare Health Plans Inc	00000	47 - 3913308				South Carolina, LLC	SC	NIA	LLC.	Ownership	100.0	Plans, Inc	N	0
04400	Wall Oars Haal Na Diana las	00000	47 0040550				Accountable Care Coalition of	TV		Collaborative Health Systems,	O	400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	47 - 3843552				Southeast Texas, Inc   Accountable Care Coalition of	TX	NIA	Collaborative Health Systems	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	45-4113610				Southeast Wisconsin	w ı	NIA	Collaborative Health Systems	Ownership.	51.0	Plans. Inc.	N	0
01100	"orroard floarth Frans floar	00000	40 4110010				Accountable Care Coalition of			Collaborative Health Systems	. O #1101 5111 P		WellCare Health		
01199	WellCare Health Plans Inc	00000	45-4546234				Syracuse, LLC	NY	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
							Accountable Care Coalition of			Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc	00000	82-1219279	-			Tennessee, LLC	TN	NIA	LLC	.Ownership	51.0	Plans, Inc	N	0
01199	WellCare Health Plans Inc.	00000	45-2742298				Accountable Care Coalition of Texas. Inc.	TX	NIA	Collaborative Health Systems	Ownership	100.0	WellCare Health Plans, Inc	NI	0
01188	יים וויסמול וולמונוו רומוול ווול	00000	4J*Z14ZZ30				American Progressive Life &	1 ^	IN I H	LLU	. Owner surp	100.0	1 10115, 1116	N	υ
							Health Insurance Company of New			Universal American Holdings,			WellCare Health		
01199	WellCare Health Plans Inc	80624	13-1851754				York	NY	I A	LLC	Ownership	100.0	Plans, Inc	N	0

1 2  Group Code Group Name	NAIC Compan Code	ıy ID	5	6	Name of	8		10	11	12 Type of Control	13	14	15	16
Code Group Name	Compan	N ID			0					I Type of Control			1	
Code Group Name	Compan	ny ID			Securities					(Ownership,				
Code Group Name	Compan	ID			Exchange if			Relationship		Board,	If Control is		Is an SCA	
Code Group Name			Federal		Publicly	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management,	Ownership Provide	Ultimate Controlling	Filing Required?	
	Code		RSSD	CIK	Traded (U.S. or International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Attorney-in-Fact,		Entity(ies)/Person(s)		*
		Number	ROOD	OIIC	international)	Of Affiliates	Location	Littly	(Name of Entity/Ferson)	militaerice, Other)	rercentage	WellCare Health	(1/11)	
01199WellCare Health Plans	Inc00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc.	Ownership	100.0	Plans, Inc.	N	0
										·		WellCare Health		
01199WellCare Health Plans	Inc 00000	54 - 1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	Plans, Inc	. N	0
01199WellCare Health Plans	nc	45-4644722				IAPS Parent . Inc	DE	NIA	Universal American Holdings, IIC	Ownership	100.0	WellCare Health Plans. Inc	N	0
01199WellCare Health Plans	5 IIIC	43-4044722				IAPS Parent, Inc	DE	N I A	LLU	Ownership	100.0	WellCare Health		
01199 WellCare Health Plans	Inc. 00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc.,	Ownership.	51.0	Plans. Inc.	N	0
						Collaborative Health Systems of			Collaborative Health Systems,	,		WellCare Health		
01199WellCare Health Plans	Inc 00000	81-3365375				Maryland, Inc	MD	NIA	LLC	Ownership	50.0	Plans, Inc	N	0
						Collaborative Health Systems of			Collaborative Health Systems,			WellCare Health		
01199WellCare Health Plans	Inc 00000	81-3306594				Virginia, IncCollaborative Health Systems.	VA	NIA	LLC	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199WellCare Health Plans	Inc 00000	90-0779287				III C	NY	NIA	Universal American Corp	Ownership	100.0	Plans. Inc.	N	0
Werroure mourth range	7 1110								Collaborative Health Systems,	0 #1101 3111 p	1	WellCare Health		
01199 WellCare Health Plans	Inc00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
		1							Collaborative Health Systems			WellCare Health		
01199WellCare Health Plans	Inc	45 - 4561546				Essential Care Partners, LLC	ТХ	NIA	LLC	Ownership	51.0	Plans, Inc	. N	0
01199WellCare Health Plans	Inc	62-1694548				Golden Triangle Physician	ТХ	NIA	Heritages Health Systems of Texas Inc.	Ownership	100.0	WellCare Health Plans. Inc	N	0
UT199		02 - 1094546				Heritage Health Systems of	I A	N I A	Texas   Tile	Ownersinp	1100.0	WellCare Health		
01199 WellCare Health Plans	Inc	76-0459857				Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.,	Ownership	100.0	Plans, Inc.	N	0
										i i		WellCare Health		
01199WellCare Health Plans	Inc00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	Plans, Inc	. N	0
01199WellCare Health Plans	nc	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.,	Ownerchin	100.0	WellCare Health Plans. Inc	N	0
UT199	5 1116	10-0300130				Theritage Filysiciali Networks	/ /		nerrtage nearth systems, filc	Ownersinp	100.0	WellCare Health		
01199WellCare Health Plans	Inc	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc.,	Ownership	100.0	Plans, Inc	N	0
									,	·		WellCare Health		
01199WellCare Health Plans	Inc00000	76-0500963				HHS Texas Management, LP	GA		Heritage Health Systems, Inc.	Ownership	99 . 1	Plans, Inc	. N	0
01199 WellCare Health Plans	Inc. 00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems,	Ownership.	51.0	WellCare Health Plans, Inc.	N	0
oriss	1116	47 -0020004				Maine Primary Care Holdings,			Collaborative Health Systems	Owner 3111 P		WellCare Health		
01199 WellCare Health Plans	Inc 00000	45-4679969				LLC	ME	NIA	LLC	Ownership	97.0	Plans, Inc.	N	0
						Maryland Collaborative Care,			Collaborative Health Systems	·		WellCare Health		
01199WellCare Health Plans	Inc00000	90 - 0855950				LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc	. N	0
01199WellCare Health Plans	nc00000	81-2704355				Mid-Atlantic Collaborative Care. LLC	MD	NIA	Collaborative Health Systems,	Ownership.	51.0	WellCare Health Plans, Inc.	N	0
Wellcare hearth Flans	· IIIC	01-2704300				Northern Maryland Collaborative	JIIU		Collaborative Health Systems	Ownersinp		WellCare Health		
01199 WellCare Health Plans	Inc	45-5626871				Care, LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc.	N	0
			]						Universal American Financial	'		WellCare Health		
01199WellCare Health Plans	Inc00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Services	Ownership	100.0	Plans, Inc	. N	0
01199 WellCare Health Plans	nc. 00000	58-2633295				Dromior Marketing Crown 110	DE	NI A	Donn Marketing America 110	Ownership	100.0	WellCare Health Plans. Inc.	N I	
01199WellCare Health Plans		50 -2033295				Premier Marketing Group, LLC	Σ	NIA	Penn Marketing America, LLC Universal American Holdings.	Ownership	100.0	WellCare Health		
01199WellCare Health Plans	Inc	13-3491681				Quincy Coverage Corporation	NY	NIA	LLC	Ownership	100.0	Plans, Inc	N	0

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	<u>.</u>	Company	ID.	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) WellCare Health	(Y/N)	*
01199	WellCare Health Plans Inc	10768	74-3141949				SelectCare Health Plans, Inc	TX	IA	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc.	N	0
													WellCare Health		
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	TX	I A	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc	N	0
01199	WellCare Health Plans Inc.	00000	42-0989096				UAM Agent Services Corp	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc	l N	0
01199	werrcare mearth Frans Inc	00000	42-0909090				UNIW Agent Services Corp	I A	N I A	Services	Ownership	100.0	WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	26-0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	Plans, Inc.	l N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	27 - 4683816				Universal American Corp	DE	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
							Universal American Financial	2-		Universal American Holdings,		400.0	WellCare Health	ll	
01199	WellCare Health Plans Inc	00000	95-3800329				Services	DE	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
01199	WellCare Health Plans Inc.	00000	45-1352914				Universal American Holdings, LLC	DE	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans. Inc.	N N	0
01100	"CTTOATC HOATEN TTAILS THE	00000	. 40 - 10020 14				Virginia Collaborative Care,			Collaborative Health Systems	0 willor 3111 p	100.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	45-5439406				LLC	VA	NIA	LLC	Ownership	51.0	Plans, Inc.	N	0
							Worlco Management Services,						WellCare Health		
01199	WellCare Health Plans Inc	00000	23-1913528				Inc	NY	NIA	Worlco Management Services	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Haalth Dlane Inc	00000	47 - 2346408				AWC of Syracuse, Inc	NY	NIA	Collaborative Health Systems	O	100.0	WellCare Health	l N	0
01199	WellCare Health Plans Inc	00000	47 -2340408				WellCare Health Plans of	JNY	N I A	The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	16253	82-3169616				Arizona. Inc.	AZ	IA	Group. Inc.	Ownership	100.0	Plans. Inc.	l N	0
	no roar o rioar (iii r raile riio riii									The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16344	82-3114517				WellCare of Maine, Inc	ME	IA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
0.4400								50	l	The WellCare Management		400.0	WellCare Health	ll	
01199	WellCare Health Plans Inc	00000	66-0888149				WellCare of Puerto Rico, Inc WellCare Associate Assistance	PR	I A	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199	WellCare Health Plans Inc	00000	82-4598040				Fund, Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans. Inc	N N	0
01100	"CTTOATC HOATEN TTAILS THE	00000	02-4000040				WellCare Health Insurance			The WellCare Management	O#IIC13I11P	100.0	WellCare Health		
01199	WellCare Health Plans Inc	16343	82-4247084				Company of America	AR		Group. Inc.	Ownership	100.0	Plans, Inc	N	0
							WellCare National Health		1	The WellCare Management			WellCare Health	l	
01199	WellCare Health Plans Inc	16342	82-5127096				Insurance Company	TX	IA	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
01199	WellCare Health Plans Inc.	16547	82-5488080				WellCare of North Carolina, Inc.	l NC	I A	The WellCare Management	Ownership	100.0	WellCare Health Plans. Inc.	l N	0
01199	mericare nearth Frans inc	10547	. 02 - 3400000				Meridian Management Company,	)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IA	The WellCare Management	ownersinp	100.0	WellCare Health	<sup>J</sup> \	
01199	WellCare Health Plans Inc.	00000	26-4004494				LLC.	MI	NIA	Group, Inc.	Ownership	100.0	Plans, Inc.	lN	0
										Meridian Management Company,			WellCare Health		
01199	WellCare Health Plans Inc	00000	26-4004494				Meridian Network Services, LLC	MI	NIA	LLC.	Ownership	100.0	Plans, Inc	N	0
04400	Wallow Halth Diana Inc	00000	00 4004570				WellCare of Michigan Holding		NII A	The WellCare Management	0	400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	26-4004578	-			CompanyMarvland Collaborative Care	MI	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
							Transformation Organization,			The WellCare Management			  WellCare Health		
01199	WellCare Health Plans Inc	00000	82-1280079				Inc.	]DE	NIA	Group. Inc	Ownership	100.0	Plans, Inc	N	0
							Meridian Health Plan of			WellCare of Michigan Holding	İ '		WellCare Health		
01199	WellCare Health Plans Inc	13189	20-3209671				Illinois, Inc.	IL	IA	Company	Ownership	100.0	Plans, Inc	N	0
01100	WollCare Health Diana Inc	EDEGO	20 2252077				Meridian Health Plan of	μ.	1.4	WellCare of Michigan Holding	Ownorah i -	400.0	WellCare Health	, ,	
01199	WellCare Health Plans Inc	52563	38-3253977	.			Michigan, Inc	MI	IA	Company	Ownership	1	Plans, Inc	JN]	<u>U</u>

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			D. I. C		(Ownership,	15.00			
		NAIC				Exchange if	Names of		Relationship		Board,	If Control is Ownership		Is an SCA Filing	
Group		NAIC Company	, ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
Oode	Group Harrie	Couc	Number	ROOD	Oiix	international	Of Admidtes	Location	Littley	The WellCare Management	milderice, Other)	rerecitage	WellCare Health	(1/14)	
01199	WellCare Health Plans Inc.	16571	83-2069308				WellCare of Washington, Inc.	WA	IA	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
							,		]	The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	27 - 1339224				MeridianRx, LLC	MI	NIA	Group, Inc	Ownership	100.0	Plans, Inc.	N	0
													WellCare Health		
01199	WellCare Health Plans Inc	00000	. 32-0408908				.MeridianRX IPA, LLC	NY	NIA	MeridianRX, LLC	Ownership	100.0	Plans, Inc	N	0
04400	WallOans Haalth Dlans Inc	40540	00 0400000				WellCare Health Insurance of	СТ		The WellCare Management	O	400.0	WellCare Health		
01199	WellCare Health Plans Inc	16513	83-2126269					b1	IA	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc	16532	83-2276159				Tennessee, Inc.	TN	IA	Group, Inc.	Ownership	100.0	Plans, Inc.	N	٥
01133	Herioare nearth rans inc	10002	. 00-22/0109				WellCare Health Plans of	IN		The WellCare Management	Owner strip	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	16514	83-2255514				Vermont, Inc	VT	IA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
							,			The WellCare Management	· · · · · · · · · · · · · · · · · · ·		WellCare Health		
01199	WellCare Health Plans Inc	16531	83-2797833					AR	I A	Group Inc	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management	· ·		WellCare Health		
01199	WellCare Health Plans Inc	00000	83-2840051				WellCare of Indiana, Inc	IN	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
		10515								The WellCare Management		400 0	WellCare Health	ll	
01199	WellCare Health Plans Inc	16515	83-2914327	-			WellCare of New Hampshire, Inc	NH	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
01199	WellCare Health Plans Inc	00000	83-3612209				MeridianRx of Indiana. LLC	IN	NIA	MeridianRX. LLC	Ownership	100.0	WellCare Health Plans, Inc	NI NI	0
01199	wellcare nearth Flans Inc	00000	. 03-30 12209				WellCare Health Insurance	I IN	N I A	The WellCare Management	. ownersinp	100.0	WellCare Health	]JN	
01199	WellCare Health Plans Inc.	00000	83-3333918				Company of Louisiana, Inc.	LA	IA	Group, Inc	Ownership	100.0	Plans. Inc.	N	0
01100	norroard noarth rand mo	00000	100 00000 10				WellCare Health Insurance			The WellCare Management	0 miles estrip		WellCare Health		
01199	WellCare Health Plans Inc	16516	83-3091673				Company of New Hampshire, Inc	NH	IA	Group. Inc.	Ownership	100.0	Plans, Inc.	N	0
							WellCare Health Insurance			The WellCare Management	· ·		WellCare Health		
01199	WellCare Health Plans Inc	16570	83-3166908				Company of Washington, Inc	WA	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	W 110 11 111 B1	40500	00 0040040				WellCare Health Insurance			The WellCare Management		400.0	WellCare Health		
01199	WellCare Health Plans Inc	16568	. 83-3310218					WI	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199	WellCare Health Plans Inc	16548	83-3493160				WellCare Health Insurance of   North Carolina, Inc	NC	IIA	Group, Inc	Ownership	100.0	Plans, Inc.	N	0
01133	Herroare hearth Frans The	10040	. 00-0490 100				WellCare Health Plans of		· · · · · · · · · · · · · · · · · · ·	The WellCare Management	Owner Sirrp	100.0	WellCare Health	J\	
01199	WellCare Health Plans Inc.	16569	83-3351254				Wisconsin, Inc.	l wı	IA	Group. Inc.	Ownership.	100.0	Plans. Inc.	N	0
							WellCare of Missouri Health			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16512	83-3525830	.			Insurance Company, Inc	MO	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
1	<u>                                     </u>						Accountable Care Coalition of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	84-2217098				Florida Partners, LLC	FL	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	WallOans Haalde Diana Inc	00000	04 0574004				Accountable Care Coalition	_,	NII A	The WellCare Management	O	400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	84-2574901	-			Direct Contracting, LLC	FL	NIA	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	84-3731013				WellCare Health Insurance Company of Nevada, Inc.	NV	I A	Group. Inc.	Ownership	100.0	Plans, Inc.	N	0
01199	, merioare nearth Frans IIIC	00000	104-3131013	-			WellCare Health Insurance of	JN V	········	The WellCare Management	Owner surp	100.0	WellCare Health	[JN]	
01199	WellCare Health Plans Inc	00000	84-3739752				the Southwest, Inc	AZ	]IA	Group, Inc	Ownership	100 0	Plans, Inc	N	n
31100			1				WellCare Health Plans of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	84-3547689					MA	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
							WellCare Health Plans of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	84-3907795				Missouri, Inc	MO		Group, Inc	Ownership	100.0	Plans, Inc	N	0

Asterisk	Explanation
1.010.10.1	

### **SCHEDULE Y**

#### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC				0 " 1		Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID	Name of the control of the first of the firs	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	*	the Insurer's	T. ( . ).	Credit
Code 00000	Number 59-3547616	Names of Insurers and Parent, Subsidiaries or Affiliates  Comprehensive Health Management. Inc.	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts 1.989.891.418	Agreements		Business	Totals 1.989.891.418	Taken/(Liability)
							435,357,872				435 , 357 , 872	
00000		Meridian Management Company LLCExactus Pharmacy Solutions, Inc			·		(31, 123, 933)			·····	(31, 123, 933)	
95081	59-2583622	IWellCare of Florida. Inc.	(138, 132, 011)				(51, 123, 933)				(668,621,800)	
95334	14-1676443	WellCare of New York, Inc	(130, 132,011)				(95,849,839)				(95,849,839)	
95310	06-1405640	WellCare of Connecticut. Inc.					(12,736,225)				(95,649,639)	
11229	36-4050495	Harmony Health Plan of Illinois, Inc.	(195,000,000)		†		(106,336,512)		·····	† <del> </del>	(301,336,512)	
10760	20-2103320	WellCare of Georgia, Inc	(85,000,000)		†		(213,927,387)		·····	†	(298,927,387)	
10155	20-2383134	WellCare Prescription Insurance, Inc	(00,000,000)		†		(114,849,792)		·····	†	(296,927,367)	
12749	20-3562146	WellCare of Ohio, Inc	(10,000,000)		†		(117,040,132)			†	(114,049,792)	
83445	86-0269558	WellCare Health Insurance of AZ, Inc	(10,000,000)	15,000,000	<u> </u>		(89, 935, 833)			<u> </u>	(74,935,833)	
64467	36-6069295	WellCare Health Insurance of IL, Inc.	(140.000.000)	10,000,000			(254, 264, 820)	(19,530)			(394.284.350)	(4.762)
10884	11-3197523	WellCare Health Insurance of NY, Inc.	(140,000,000)				(140,605)	(10,000)			(140,605)	(4,702)
13020	20-8017319	WellCare Health Plans of NJ, Inc.		15,000,000		• • • • • • • • • • • • • • • • • • • •	(101,095,378)				(86,095,378)	
12964	20-8058761	WellCare of Texas. Inc.	(32.000.000)			•	(40,109,113)	19.530			(72,089,583)	4.762
11775		WellCare of South Carolina, Inc.	(10,000,000)			•	(36,885,185)				(46,885,185)	1,702
16533	45-5154364	WellCare Health Plans of Tennessee, Inc.	(10,000,000)	918, 171			(00,000,100)				918,171	
00000		WellCare of California Inc.	(12,000,000)				(37,004,253)				(49,004,253)	
12913	20-5862801	Missouri Care, Incorporated	(8,250,000)				(82,172,995)				(90,422,995)	
15951	47 - 5456872	WellCare of Nebraska, Inc.					(36.414.965)				(36,414,965)	
00000	57 - 1165217	Care1st Health Plan Árizona, Inc.					(60,312,326)				(60,312,326)	
00000	06 - 1742685	ONECare by Care1st Health Plan AZ. Inc.	(5,000,000)				(608.881)			<u> </u>	(5,608,881)	
80624	13-1851754	American Progressive L&H Ins. Co. of NY	(11,980,373)				(49,700,577)				(61,680,950)	
10096	62-1819658	SelectCare of Texas, Inc	(45,000,000)				(74,030,923)				(119,030,923)	
10768	74-3141949	SelectCare Health Plans, Inc.					(1,868,732)				(1,868,732)	
16239	82-1301128	WellCare of Alabama		1,200,000			(23,358)				1, 176, 642	
16253	82-3169616	WellCare Health Plans of Arizona Inc			ļ		(1,606,441)				(1,606,441)	
16343	82-4247084	WellCare Health Ins. Co. of America		1,000,000			(75,767)				924.233	
16342	82-5127096	WellCare National Health Insurance Co		2,000,000							2,000,000	
16344 52563	82-3114517	Wellcare of Maine			ļ		(3,055,359)				(3,055,359)	
52563	38-3253977	Meridian Health Plan of Michigan Inc		75,000,000	ļ		(557,824,519)		ļ	ļ	(482,824,519)	
13189	20-3209671	Meridian Health Plan of Illinois Inc		300,000,000			(966,214,441)				(666,214,441)	
00000	83-3333918	WellCare Health Insurance Co. of LA Inc		3, 124, 164	ļ				ļ	ļ	3 , 124 , 164	
16571	83-2069308	WellCare of Washington Inc.		3,750,000							3,750,000	
16570	83 <b>-</b> 3166908	WellCare Health Ins. Co. of WA Inc		4,750,000							4,750,000	
16531	83-2797833	WellCare of Arkansas Inc.		621,642	ļ				ļ	ļ	621,642	
16513	83-2126269	WellCare Health Insurance of CT Inc.		1,200,000					ļ	ļ	1,200,000	
16512	83-3525830	WellCare of MI Health Ins. Co. Inc	<del> </del>	3,617,256	ļ				ļ	<del> </del>	3,617,256	
16515	83-2914327	WellCare of New Hampshire Inc		11,205,914	ļ				ļ	<del> </del>	11,205,914	
16516	83-3091673	WellCare Health Insurance Co. of NH Inc		3,500,000	ļ				ļ	<del> </del>	3,500,000	
16547		WellCare of North Carolina Inc	ļ	137,118,978	ļ				ļ	<del> </del>	137 , 118 , 978	
16548		WellCare Health Insurance of NC Inc		4,922,954					ļ	<del> </del>	4,922,954	
16532	83-2126269	WellCare Health Insurance of TN Inc.	1	973,339	L				L	1	973,339	

### **SCHEDULE Y**

#### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	J	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
16514	83-2255514	WellCare Health Plans of Vermont Inc.		322,827					ļ		322,827	
16569	83-3351254 83-3310218 84-3739752 27-1339224	WellCare Health Plans of Wisconsin Inc		1 , 125 ,000					ļ		1,125,000	
16568	83-3310218	WellCare Health Insurance Co. of WI Inc		2,000,000					ļ		L2.000.000 L	
00000	84-3739752	TwellCare Health Ins. of the SW Inc.		600,000					1		600.000 L	
00000	27 - 1339224	Meridian Rx LLC.	(50,000,000) 742,362,384				1,073,408,658		1		1,023,408,658	
00000	14-1647239.	Meridian Rx LLC  The WellCare Management Group, Inc	742 362 384	(588,950,245)			, , , , , , , , , , , , , , , , , , , ,		T		153,412,139	
		]							T	T		
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0000000	Control Totals		0	0	0	0	0	_	XXX	0	^	0
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#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES.
lowev	llowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of the event will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your comparer reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	NO to the specific
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES.
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
20.		N0
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and	VEC

#### Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

#### **AUGUST FILING**

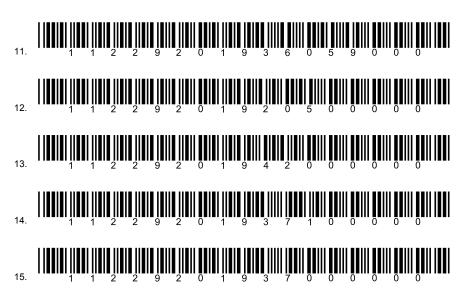
Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

#### YES..

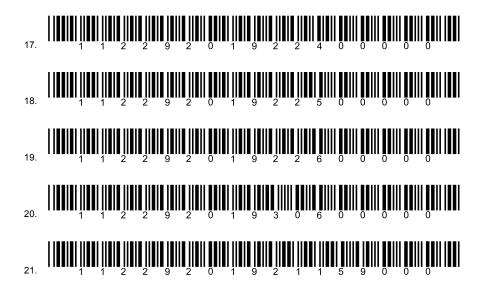
.YES.

#### **Explanation:**

Bar code:



#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



### **OVERFLOW PAGE FOR WRITE-INS**



## SUPPLEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc. MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 01199 NAIC Company Code 11229

	Individual Co		Group Co		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage	273,546	XXX		XXX	273,546
1.13 Risk-Corridor Payment Adjustments	(31,309,929)	XXX		XXX	(31,309,929
1.2Supplemental Benefits		XXX		XXX	0
Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		ххх	XXX
2.12 Without Reinsurance Coverage					
2.2 Supplemental Benefits	· · · · · · · · · · · · · · · · · · ·		1	1	
Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage					
3.2 Supplemental Benefits			1	1	XXX
Risk-Corridor Payment Adjustments-change					
4.1 Receivable	31 197 962	XXX		XXX	XXX
4.2 Payable					
5. Earned Premiums		ΛΛΛ			ΛΛΛ
5.1 Standard Coverage					
-		VVV		vvv	vvv
5.11 With Reinsurance Coverage					
			1	1	
5.13 Risk-Corridor Payment Adjustments					
5.2 Supplemental Benefits	11.960	XXX	0	XXX	XXX (24, 026, 202
6. Total Premiums.	11,900	XXX	0	XXX	(31,036,383
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	I		1		
7.12 Without Reinsurance Coverage	, , ,		1		, .
7.2 Supplemental Benefits.		XXX		XXX	0
Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage				XXX	XXX
=	(220 , 759)			XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		ХХХ	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10 Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage		XXX	0	ххх	XXX
10.2Supplemental Benefits.	0	XXX	0	XXX	XXX
11. Total Claims	(687,076)	XXX	0	XXX	(466,317
12. Reinsurance Coverage and Low Income Cost Sharing	` ' '				, , ,
12.1 Claims Paid – Net To Reimbursements Applied	XXX		xxx		
12.2 Reimbursements Received but Not Applied-change	i		i i	i	
12.3 Reimbursements Receivable-change					XXX
12.4 Health Care Receivables-change	ууу		ууу		XXX
					XXX
Aggregate Policy Reserves-change      Expenses Paid				XXX	(1,682
15. Expenses Incurred					(1,002
	698,973			1	
16. Underwriting Gain/Loss.		XXX	+	XXX	XXX (20, 569, 294
17. Cash Flow Result	XXX	XXX	XXX	XXX	(30,568,384

#### **ALPHABETICAL INDEX**

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Schedule B – Verification Between Years	SI02
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